



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5340

SERIAL NUMBER 10/828,630	FILING OR 371(c) DATE 04/09/2004 RULE	CLASS 424 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. AFD 503
-----------------------------	--	--------------------------------	------------------------	-----------------------------------

APPlicants

Jill E. Parker, Floresville, TX;
Johnathan L. Kiel, Universal City, TX;
Homer Gifford, Hardy, AR;
John L. Alls, Floresville, TX, Deceased;
Pedro J. Morales, Floresville, TX, Legal Representative;

**** CONTINUING DATA *******

This appln claims benefit of 60/480,280 06/20/2003

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>and done</u>	Examiner's Signature	Initials		

ADDRESS

26902

TITLE

Curlicue vaccine strain of *Bacillus anthracis*

FILING FEE RECEIVED 1370	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	--	---